

BEST AVAILABLE COPY

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-679)**

CLAIM NO.

496222

APPLICANT(S)

FILING DATE

2-1-00

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	NO.	DEF.	NO.	DEF.	NO.	DEF.
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